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ABSTRACT

The Life Services Clinic (GYN) on the Western Campus of Cuyahoga Community College was established as a part of Health Services in 1973 to meet the need for adequate, affordable contraception intensified by the increased sexual activity among students. A number of problems had to be overcome in order to provide normal gynecological services without charge, or at cost, to female students and wives or girlfriends of male students, as well as sexual counseling and treatment to all students. Through special arrangements with laboratories, pharmaceutical companies and government agencies, equipment, many medications, services, and instruments were obtained at minimal expense. Possible negative community reaction to the clinic was forestalled by an extensive public relations campaign. The problem of lack of funding for a full-time gynecologist was solved by using registered nurses and nurse practitioners to do many routine tasks, and by the gynecologist only seeing patients 45 hours per quarter. Counseling and instruction in sexuality and contraception are a regular part of the services offered at GYN by a staff whose informality and approachability have been major factors in the enthusiastic student response to the clinic. (MB)

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Complete Sexuality Services in a Community College

--Not an Impossible Dream!

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ABSTRACT REPRODUCTION FORM

"Complete Sexuality Services in a Community College--Not an Impossible Dream!" LAURA RYAN CALDWELL, R.N., B.S.N., F.N.P., Cuyahoga Community College, Parma, Ohio.

The Life Services Clinic (GYN) on the Western Campus of Cuyahoga Community College was established in Health Service in 1973. Sexual activity among students was increasing and adequate, affordable contraception was not available.

All normal gynecological services are offered without charge, or at cost, to female students and wives or girl friends of male students. Couples are encouraged to come together. Numerous efforts have been made to cut the costs. Equipment has been "borrowed or begged" from community agencies and lab costs (including Pap tests) are minimal through special arrangements with labs. Mail-in VD testing materials are made available by the State Health Department. A gynecologist is available to students for only 15 hours per quarter; registered nurses and nurse practitioners do much of the routine gynecology with his consultation and standing orders.

Student response is enthusiastic and there are unique opportunities for health counseling and patient education. It is hoped that positive attitudes communicated through this Clinic will have life-long effects on students' feelings about themselves, their bodies and their sexuality.

This paper will deal with some of the "nuts and bolts" of establishing and continuing a GYN Clinic in a Community College Health Service. Ms. Kathleen Elcox will address some of the broader issues involved in sexuality programs for students.

The Life Services Clinic on the Western Campus of Cuyahoga Community College, Parma, Ohio, opened during Spring Quarter, 1973. The name of the Clinic (now generally referred to simply as "GYN") was suggested by a counselor who felt it would present a positive image to the conservative suburb in which our campus is located. The Clinic, which we believe to be the first such in a Community College east of the Mississippi, is open to all female students and to wives and girl friends of male students. It is held in Health Service for a total of 15 hours each quarter. 662 women have been seen at least once in this Clinic; many, of course, have had numerous return visits.

The Clinic was begun in response to an unmet need noted for some time by Health Service staff as well as by some members of our Behavioral Science Department. As concerned college health professionals, the nurse-director and the part-time college nurse felt a real responsibility to "see that humane, easily obtainable sexual counseling, including contraceptive service, is readily available to all students who seek it regardless of age and marital status."[1] It had become clear that while a large number of our students were sexually active, the availability of adequate (and affordable) contraception was sadly lacking in our community. During the 1971-72 college year, 65 women with unplanned pregnancies sought help from either Health Service staff or Behavioral Science instructors; it seemed fair to assume that additional pregnant women on campus were seen by neither of these groups. Local physicians often refused to see a woman under 21 without notifying her parents and, if they were willing to see her, the high cost of such a visit was a real deterrent. Other resources such as Planned Parenthood or Free Clinics were over-

crowded and often inaccessible.[2] In addition, a prevalent attitude in both the college and the community often seemed to be that, "As the incidence of premarital sex escalates on campus, there is the vain hope that if you pretend it isn't there, the problem will go away by itself."[3]

Finances presented a major problem. At the time the Health Service budget had only enough money allotted for physician-time to cover one or two consultative sessions per year. However, there was "hidden treasure" in the funds set aside for the required physical exams for varsity athletes. The Dean of Student Life supported our nurse-director in moving these funds to the Athletic Department budget, thus freeing up money to pay both a part-time gynecologist and a part-time general medical physician for Health Service. Needed supplies were "begged and borrowed" and, although our ancient exam table and stirrups were rumored by our students to predate the Civil War, they served our purpose well. We arranged with a local lab to have Pap tests done at low cost if we were willing to bill the student and collect the money. Free VDRL's and GC cultures were available through our State Health Department and we charged our students only the postage for these. We were able to obtain free plastic specula through our local Cancer Society but, since none of our gynecologists were willing to use these except as a last resort, we did have to purchase 12 metal "specs". Old gowns and sheets were given to us by a local Free Clinic and we were able to get these laundered by the Athletic Department at our downtown campus. Our Biology Department lent us an old autoclave and also permitted us to incubate our "Transgrow" GC cultures in their lab. Sample packages of oral contraceptives were obtained from drug companies and we charged our cost for IUD's, diaphragms, foam and condoms. Our physicians and nurses now enjoy the convenience of new 1975 facilities and equipment; however, the warmth, non-judgmental attitudes and good health/medical care provided by our staff have always been the major ingredients in our "success story."

Getting approval and publicity for our Clinic used all our persuasive and political skills. Originally we asked for permission to experiment with this program for only one quarter. Our Dean of Student Life and our acting Campus President gave us the encouragement we needed to get started and the assurance that they would support us if criticism and/or negative responses ensued from others. We then quietly set about planning for awareness and support from local clergy and community agencies. Individual concerned faculty members offered wise counsel as well as publicity in their classes. There were low key announcements in our campus paper and much was done by word of mouth. A psychology doctoral student from Case Western Reserve University volunteered to assist us with sexual counseling; the excellent report she prepared on our "Experimental Clinic" gave us helpful data to be used when we requested that this Clinic become an ongoing part of Health Service.[4] The pregnancy counseling done by our nurses had always reflected our desire to present the various options open to the pregnant woman rather than to "sell" one point of view. We did feel that our long-term efforts to "balance the rights of the unborn... against the right of the woman not to have a child she does not want,"[5] gave us a great deal of credibility among members of the total campus community. Finally, the trust that we would respect the confidentiality of all information obtained in Health Service gave us the "sine qua non" of establishing a successful GYN Clinic.

A patient profile done on the 74 students seen in this clinic during our first quarter showed that 85% were single and that the age range was 18 - 47 with a mean age of $20\frac{1}{2}$. 71% of the women seen had been, or were now, sexually active; the average onset of sexual activity was 18 years with a range of $14\frac{1}{2}$ to 25 years. 16 of the women had been pregnant and 12 of these had had abortions. 79% of the unmarried students reported relationships with their parents as "above average" or "good" but interestingly, 67% said they had not dis-

cussed their sexual activities with their parents and 61% said their families would probably not approve of such activities.[6]

We have not had an opportunity to repeat this early patient profile. It is our impression, however, that we do now see more older and more married women than we did at that time. Also, in the $4\frac{1}{2}$ years since the first profile, it seems to us that a slowly increasing number of students feel comfortable in discussing their sexual activities with their parents, especially with their mothers. The influence of rising feminism on health concerns may affect both mothers and daughters as both strive to "learn more about their bodies in a more human and less alienating context."[7]

Presenting problems in our Clinic are typical of those seen in any busy GYN office or clinic with some adjustment made for the age grouping of our students. We are planning 2 workshops for older women students next quarter; these will deal with the "Myths and Realities of Menopause" and are aimed at increasing the number of these students using our GYN Clinic. We see students for all forms of contraception, pre-marital exams, vaginitis, P.I.D., V.D., breast masses, pregnancy confirmations, Herpes Simplex II, genital warts, menopausal questions, "DES daughter" questions and conferences with both mothers and daughters, dysmenorrhea, and many other types of menstrual problems, urinary tract infections, chronic lower abdominal pain, post-abortion checks, rubella titers for women of child-bearing age and much counseling and teaching related to many areas of sexuality. We encourage our female students to come with their husbands or partners and vice versa.

Because our gynecologist is only on campus for 45 hours each quarter, the majority of our gynecology is done by our 2 full-time nurse practitioners and 3 part-time registered nurses. Teaching and counseling is a primary concern with all of the nurses and an initial "Nurse Visit" is scheduled for each new GYN patient. At this time the nurse reviews our newest GYN self-health history

and does patient education in whatever areas show up on this history (e.g. wearing cotton underpants, not using deodorant tampons, need for a rubella titer, etc.) If the student (or couple) is being seen for contraception, she/they will have been asked to view 2 video taped interviews on this topic made with students last quarter. Our library has excellent facilities to permit this viewing to take place anonymously and privately. After the history session the nurse will check weight, blood pressure, urine (using N-Multistix which have enabled us to pick up some asymptomatic UTI's) and hematocrit. She will then do a breast exam and review or teach the student self-breast examination. At times (depending on the history and the skills of the nurse) she will then do a further physical exam, pelvic exam, Pap, routine GC culture, etc. If she does a pelvic exam, the student is asked if she would like to see her cervix in a mirror and most students respond enthusiastically. Every step of the exam, instruments and tests used are explained and demonstrated even if the nurse decides to defer the exam for the gynecologist's visit. Because of the limited time available for our gynecologist to see patients, he has encouraged us to do all possible history, tests, exams, and teaching before he sees the student. One of the nurse practitioners fits diaphragms and makes sure the student is proficient at inserting and removing them as well as knowledgeable about their use before our gynecologist writes his prescription. A recent survey of our students has given us almost 100% positive comments from them about their visits with both the nurses and physician. They comment on the relaxed atmosphere, the friendliness, the approachability of the staff and the sense they have that no question is "too small" to ask. They also like the fact that the nurses do not wear uniforms and that, when they are having their pelvic exams, they can distract themselves by looking at their brightly colored sheets and gowns and the mobile of seagulls which hangs over the exam table.

Students are fully instructed in all major and minor side effects of their method of contraception. If they are obese or smokers and wish the "pill", they are informed of the increased risks and of the Weight Loss Groups and Stop Smoking Clinics available on campus. If they are considering pre-marital sex, and are unsure about its meaning for them, the nurses help them to clarify their values. Such counseling occasionally results in a student returning a prescription for contraception saying that she is not ready or has changed her mind. Male students are encouraged to share as fully as possible in contraception and when seen for other concerns, (e.g. V.D.), are asked if they or their partner is using adequate contraception. Condoms are available in Health Service and sometimes women students purchase these for "shy" or "careless" partners. A breast model is given to students to "see if you can find the lumps" after instruction in breast self-exam and this experience is helpful to the student who says, "I haven't the slightest idea what I am looking for."

Some gynecological patients see a nurse or nurse practitioner only. 15 appointments are scheduled for the gynecologist during his 3 hour visits to Health Service. He does not come during registration or final exam weeks because of the high rate of "no shows" during those times. Also, students are asked to make appointments only for the current quarter; we find that carrying appointments over vacation times also results in too many "no shows."

We have developed (and frequently revise) our own instruction/hand-out sheets for different contraceptives, UTI prevention etc. When the gynecologist prescribes O.C.'s, he writes a prescription for 10 packs which is attached to the student's chart. He writes an order on the chart for 12 packs and the nurse gives the student 2 sample packs, reviews the how, when, and side-effects with her, and instructs her to return for a follow-up visit with a nurse toward the end of the second pack. If she has any problems or questions, she is always encouraged to call or come in at any time. At the follow-

up visit, her BP and weight are again checked and she is carefully questioned about side-effects. If all is normal at that time, she is given the prescription to take to her pharmacy. Because we usually use O.C.'s with low doses of estrogen, we find it particularly important to warn our students of the possibility of break-through bleeding during the early months; this can be a frightening experience to an unprepared woman. We also typically start O.C. students on the "Sunday Plan" which seems the easiest to remember and which also ensures "no more periods on weekends."

Strict confidentiality is maintained at all times. Our secretaries and nurses even refuse to confirm GYN appointments over the phone or for anyone other than the student herself.

Our GYN Clinic is now almost 5 years old. It provides a unique opportunity for much preventive work, health counseling and patient education. We hope that our combination of warmth, caring, informality, education and good low-cost health and medical care will positively influence our students' attitudes and feelings about themselves, their bodies and their sexuality. If this hope is truly not an "impossible dream", we will be laying the groundwork for health and well-being in the years ahead.

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